O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

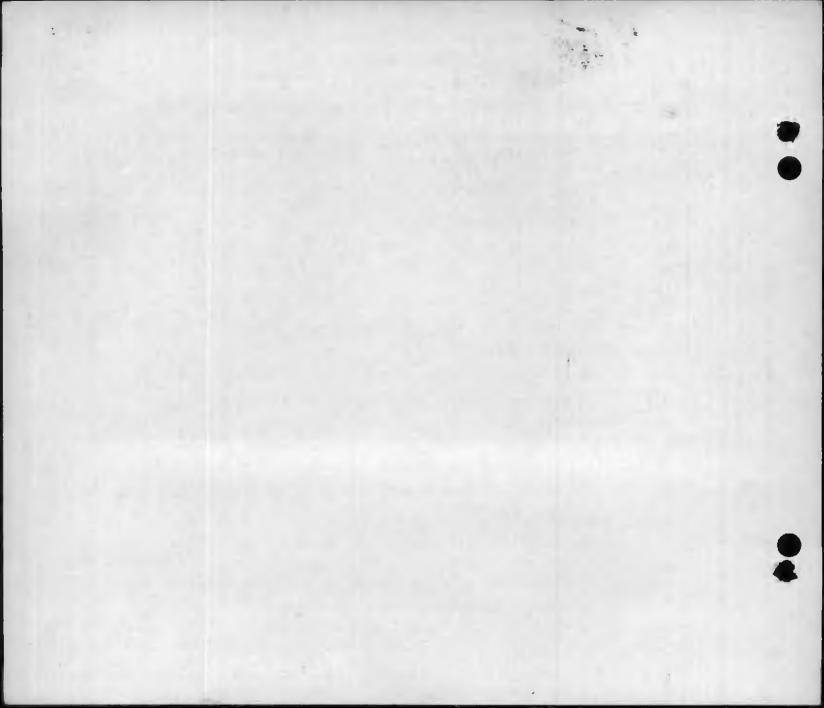
1. PLACE OF DEAT		3		2. USUAL RESIDENCE (ASED. COUNT	v -	
0.	U	lvert	MARYLAND	Met Jar			Cal	vett
OR glyo nearest	corporate limits, write	RURAL S	ind LENGTH OF STAY	OR CITY (II outside corpo				town)
	town)Huntin			X TOWN Hunt:	ingtown,	Maryla	nd.	
HOSPITAL OR INSTITUTION O STREET ADDRE		; Hun	tingtbwn, Md.	STREET SEME	as above	re location)		
3. NAME OF DECEASED	(First)		(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)		ou		Perown	DEATH	youn	31	1957
5. SEX	6. COLOR OR R.	ACE 7.	SINGLE, (MARRIED) TIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4/12/88		Montba		under 24 hrs. Iours Min.
done during most of value of v	ATION (Give kind of working life, evon if re	(work 10 stired) Ir	b. KIND OF BUSINESS OR DUSTRY NONE	Calvert Cour	or foreign country)	1	2. CITIZEN COUNTRY!	
13. FATHER'S NAM	IE			14. MOTHER'S MAIDE	NAME			
Gilbert	Henson	-		Nettie Brow	vn ~			
Yes, no, or unknown)	VER IN U.S. ARMED (If yes, give war or service)	FORCES?	6. SOCIAL SECURITY NO.	Mrs. Mattie	ADDRESS Kyler-Hu	ntingt	own,	Md.
700	1000		18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CO	ONDITIONS DIRE	CTLY LEA	DING TO DEATH					AND DEATE
	42 X			· 1 A.				
Immediat		(a)Ce	rebralacc	edeul	******************			
		11	-A	C.V.R. de	1			
	nt cause(s) conditions, if any,	(b) # c/	pellersie	C.V. 12. ale	elase	na ka anga da wa a ka a na ka a na k		per a a principal property and a laboral state
giving rise t	to the above cause underlying cause last	1						
stating the	different Aud Carage reas	(e)					1	
II. OTHER SIGNIF	uting to the death be	NS it not					1	
related to the diser	ne or condition caus	ng death.	DINGS OF OPERATION				1 20 AT	TOPSY
ISE DATE OF OFE	TAX TON 130. IN.	PACIF ETIN	DINGS OF OTHERWATOR					
21. ACCIDENT	(Specify)	LPLACE	(Home, farm, factory, street,	: (CITY OR	TOWN)	(COUNTY	Yee [No []
SUICIDE HOMICIDE		OF OF INJURY	fice bldg., etc.)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		(0001111	, (0	
TIME (Month)	(Day) (Year) (I		JURY OCCURRED hile at Not While	HOW DID INJURY OF	CCURT			
INJURY			Tork At work	1				
	126- 11-1 T -44	ted also de	5 5-10	, 1955, to 3/ for	w 10.59 41	net I lost	oom the	donooned
22. I hereby cert	my inal I attend	ieu the d	sceased from J	, 13.4.7, 10	13.W A., U	TOT I THEE	BOW LIE	песеязец
alive on 3/	Jan. 195	9, and t	hat death occurred at	// A. m., from the	e causes and on	the date s	tated abo	ove.
SIGNATURE		, ,	(Degree or title)	ADDRESS			DATE	SIGNED
The	leen	10	MD	Hunter	eg lown		Feb 1	,
23. BURIAL CREM	MATION DATE T	HEREOF 3/59		hurch Cem.	Barstow,		Co.,	
DATE REC'D BY		RAR'S SIG	NATURE	JUNERAL DIRECT	Sry Huntin	ngtown	, Md	LESS
			mP.	TEDOKE IN THE	יאלים:			
FEB 4 '59	arthur	8 Heart	1111 F	LEROY E. BE	RRY			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. VS. A15

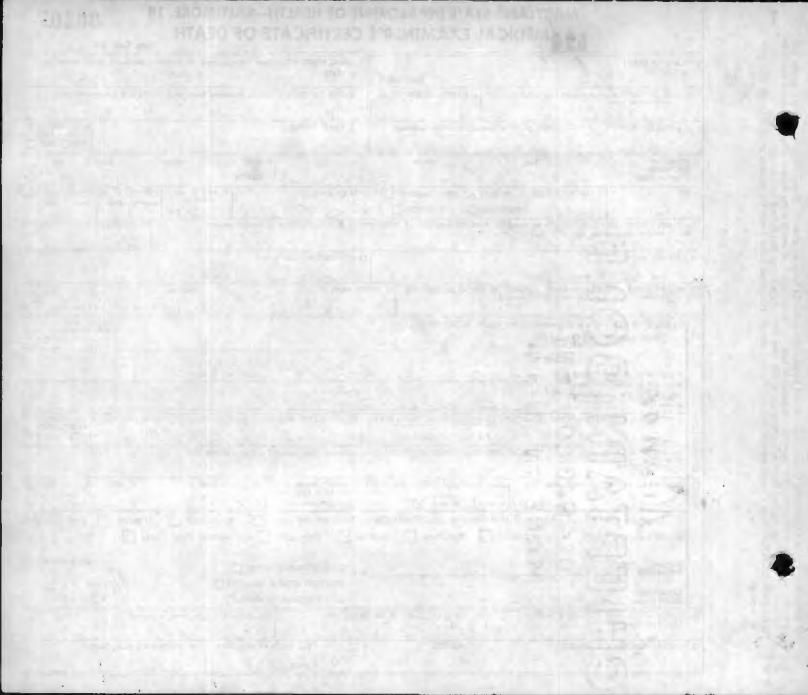
arthur S. Kraus

MARGIN RESERVED FOR BINDING

The correct age



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00407 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian 2. USUAL RESIDENCE Office decemed lived. If Institution Residence before admission PLACE OF DEATH a. COUNTY g. STATE **b.** COUNTY MARYLAND b. CIP OR TOWN (If outside corporate lights, write spiral) c. LENGTH OF STAY IN 16 CAY OR TOWN (If outside corporate limits, with RURAL and give nearest town) and A. HAME OF HOSPITAL ON INSTITUTION (It not in hospital, give street address) A. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF Middle Month DECEASED OF DEATH (Type or print) ور 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE IFUNDER TYEAR IF UNDER 24 HR the and 3 to the retained for Months Days Hours Min. WIDOWED 17 DIVORCED 10a. USUAD OCCUPATION (Give kind of work done) Ob. KIND OF BUSINESS OR INDUSTRY during most of working life, even is of the state of the control of the con 11. BIETARLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? after ennew Pe puo 18. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME may Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Give CAUSE OF DEATH [Enter only one cause per line for (a), (b)/Jand (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER BIGNING TO CONDITION CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Y PERFORMED? 290. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY BREURRED White poture of injury in Port I or Port II of item 18.) 20Ь. PRIMARY FLOT CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 2017. INJURY OF CURRED 20e. PLACE OF INJURY (Home, form, 20f. (City er towni factory, street, office bldg., etc.) at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , and find that Inspection . death resulted from: Natural causes . Accident . Suicide XI. Homicide . Undetermined cause DIRECTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER removo EXAMINER'S farword NAME (Type) DEPUTY MEDICAL EXAMINER IN 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEI51 arthur & Kansa 5M 9/55



			115	CERTIF	ICAT	E OF DEATH	1		Reg. Di	st. No	UU	408
	PLACE OF DEATH O. COUNTY Calver	rt		MARYLA	11	USUAL RESIDENCE (Who o' Maryland	ere decease	d lived. If institutio b. COUNTY	nı Residen	t befo	re admiss	ion)
	Prince F	rederick		c. LENGTH OF STAY IN	116	COWINGS	ulside corpo	rate limits, write RU	IRAL ond	give ned	arest town)
		At (If not in hospital, g		address)		d. STREET ADDRESS					e. IS RES	FARM?
3.	NAME OF DECEASED (Type or print)	Marth a	**	Middle tis		Lost	4. DATE OF DEATH	January	-	Do	y 1	1959
	sex Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED		ay 15, 1900		1 4 1 4 1 4 1	Months	Days	IF UNDE Hours	R 24 HR5. Min.
	. USUAL OCCUPATION during most of work ousework	ON (Give kind of work a ling life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Maryland	or foreign c	puntry)		S.		COUNTRY
13.	FATHER'S NAME		***************************************		1	4 MOTHER'S MAIDEN N	AME				-1-	
	John Wal	Llace				Aire Adams						
		R IN U. S. ARMED FOR (If yes, give wor or dotes of s		SOCIAL SECURITY NO.	17. INFO	rmant vonia Jacks,	Owin	Addre	7>3			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per li	ne for (o). (b). and (c).]	1 4	Employ					ERVAL BE SET AND	
	260 X Conditions, if or	, ,)	Dabete Bernely	-7	melletu	~					
	gave rise to it couse (a), stating lying couse last.		, (Bernely	in	Jelevin	5					
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	IN PAR	T 1(o) 1		RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	inter nature of injury in P	art I or Par	t II of item 18.)				
MEDICAL	20c, TIME OF INJUR Hour o, m, p, m,	Y Month, Day, Yes	While at wor	Not white		OF INJURY (Home, form, , street, office bldg., etc.)		or town)	{(County)		(State)
	21. I certify the	at I attended the	deceas	ed from De	eath oc			n the couses of	nd on t		le stole	decease ed abave

OR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 hours after the registrar prior to burial, TO HOSPITAL OR TO FUNERAL DI page 3 should b

death. Page 4

VS A15 (4) 15M 9/5S



Roberte de Villarreal

22c. NAME OF CEMETERY OR CREMATORY

St. Leonard, Md.

22d. LOCATION (City, town, or county)

(State)

1211 8110

23. FUNERAL DIRECTOR'S SIGNATURE

226. DATE THEREOF

ACTUAL SIGNATURE

NAME (Type) 226 BURIAL, CREMATION, REMOVAL (Specify)

ADDRESS

DATERN 6

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Cithury & Kinssa

1 19. 13 97 65 and the state of t in the state of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Replacement: Film 238 - 1-28-59 ams

HTASE TO STACHIVED SMERMAN AND LASKEINS

THE RESIDENCE OF THE PARTY OF T

TO HOSPITAL OR

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 417 **CERTIFICATE OF DEATH** Reg. Dist. No.

- 6	_					
	1. 1	ACE OF DEATH COUNTY COLOR F MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Cafrat			
	Ь	CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b RURAL ond give nearest town)	4/ +			
J	1	tunting lown. Life	X Huntingtony			
7	d	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM YES A NO	A?		
	3. 1	IAME OF FIRST Middle	K Lost 4. DATE Month Day Year			
		(spe or print) Orethern P. L	Super DEATH Jaw. 23, 195			
	5 . S	6 COLOR OR RACE 7. MARRIED TEVER MARRIED	B DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24 P			
- [M WIDOWED DIVORCED	tat, 20, 1882 76 11 11			
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTY	NTRY?		
7	1	arm (lunch) tarming	Hunteriglaion, mod & S.a.			
A		ATHER'S NAME	14. MOTHER'S MAIDEN NAME			
4		Toursh lackson	annie Mari Shickello			
	15		NFORMANT Address			
	{Yes.	nd of upinouni 1 11 yes, give for or dores of service 216 + 38 - 641 9 10	losses Subson Hunte ctown - Caprollo;	; had		
	Ξï	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1 1 2 INTERVAL BETWEE			
		PART I. DEATH WAS CAUSED BY.	ONSET AND DEAT	ullo.		
		IMMEDIATE CAUSE (o) AND IT WAS A STATE OF THE TO	a A			
		(later it all	I Captile 14200	11/1		
		gove rise to immediate (b)	Journal James	CI (
		couse (a), stoting the under DUE TO				
	7	lying couse lost.) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO	PSV		
7	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED YES NO	<i>'</i>		
	CERTIF	20a, ACCIDENT WAS UNDERLYING A 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING A CAUSE OF DEATH OF CONTRIBUTION OF COURSE	D. (Enter nature of injury in Port I or Part II of stem 18)			
		20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (SI	lole)		
	MEDICAL		ctory, street, office bldg., etc.)			
		21. I certify that I attended the deceased from HAM.	, 1957, defanuary, 1959, that I last saw the dece	eased		
			accurred at IDR M, from the causes and an the date stated at			
		dive an 1/2 and mai dean	ADDRESS (Street, city or town, stote) DATE SI			
		ACTUAL / S US S / F M	Names Midwelle 1/20	1. 10		
		SIGNATURE 97	MD. Junel aucusar fitty	-37		
I		PHYSICIAN'S PAGE C. SFTT	TRIME PARASTAYOR			
	220	BURIAL, CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY C	PR-EREMATORY 22d LOCATION (City, town, or county), (State)	,		
	1	Ferrent Jane 25: 1959 Huntinctour	Methodist Huntingtown - Calvet is - Ired	gara.		
	23.	FUNERAL DIRECTOR'S STONATURE ADDRESS O	240. REC'D BY REGISTRAR 246 REGISTRAR SYSIGNATURE			
	4	" (Ha: Kriss & Son - fruitiat, be	DATE JAN 27'59 C "M & Kraus			
	Commen					

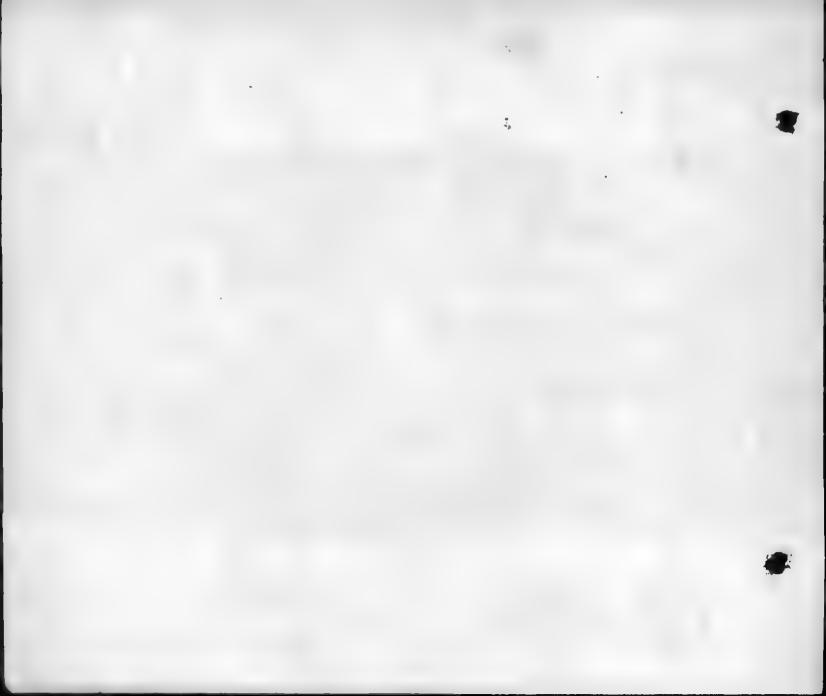


EXAMINER:

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



4/	4
19	

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

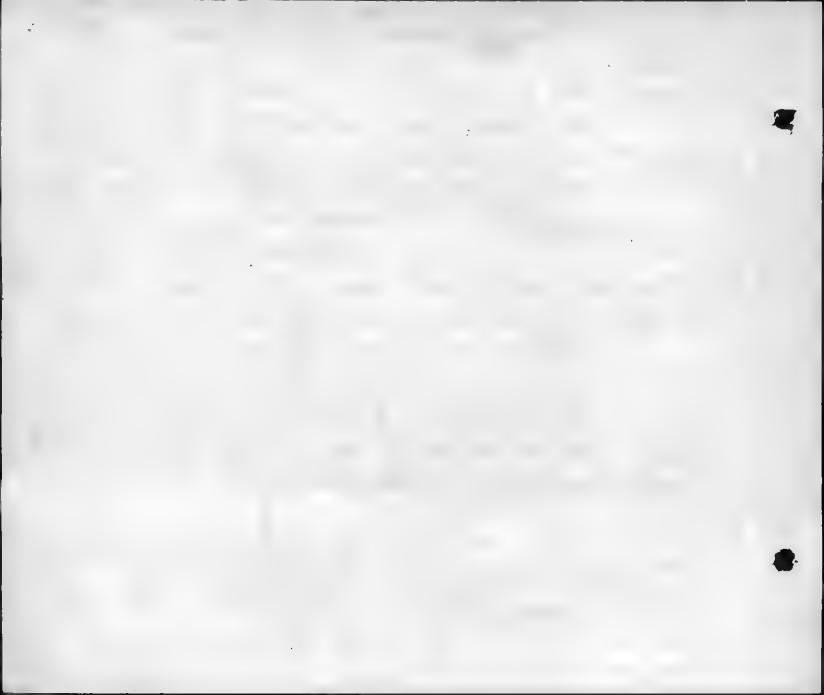
00412

	4	113	CERTIF	ICA	E OF DEAT	H		Reg. D	ist. No		
PLACE OF DEATH COUNTY Calve	a 74.		MARYLA	H	. USUAL RESIDENCE (W	where decease	d lived If institution b. COUNTY	_	alve		ision)
b. CITY OR TOWN (I	autside corporate limi	its, write	c. LENGTH OF STAY IN	1 1b	c CITY OR TOWN (IF	V	rote limits, write R	URAL ond	give ne	prest fov	rn)
Prince Free					X. Chesa	neake :	Beach				
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, of County Hosp		oddress)		d. STREET ADDRESS					ON	SIDENCE A FARM?
3 NAME OF DECEASED	Fi		Middle		Lost	4. DATE	Mon	th	De		Yeor
(Type or print)	Cla	rde	Ε.		Jones	OF DEATH	Janua			5	19 59
5. SEX	6. COLOR OR RACE	100	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDE			ER 24 HRS
Male	White	WIDOWI			10/16/02		lost birthdoy) 55 yrs.	Months	Days	Hours	Min
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (Stot	e or foreign c	ountry)	12 C	ITIZEN C	F WHA	T COUNTR'
Unemo	ing life, even if retired Loved	'			Pennsyl	vania		Ţ	J.S.A		
13. FATHER'S NAME	· Oy Cu			T	14 MOTHER'S MAIDEN						
Dorrid L	onee				Ma	ude E.	Jordan				
David J.	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INF	DEMANT	THE STATE OF THE S	Add	ress			
(Yes, no, on unknown)	lif yes, give war or dalm all i	ervice1 5'	79-12-5134	Ma.	rgaret K. H	ines,	Chesapea	ke F	eas'	2	118
18. CAUSE OF DEA	TH [Enter only one co	ouse perali	ne for (o), (b), and (c).	Tri Ca	60100 111 11	/	7				ETWEEN
	TH WAS CAUSED BY:	dil.	Boile		1 CVD	ala	-0-	0	ON	SET AN	DEATH
442X	IMMEDIATE CAUSE (d	1	Junuin.	Melvel	y C-/-/~	· CC	C. O. K	<u> </u>			
		0	/								
Conditions, if a	mmediate										
couse (a), stating	the under-	,									
lying couse lost.	J (c		CONTRIBUTING TO DEAT	LI OUT NO	NT BELLTON TO THE TERM	MAINIAL DICEAS	E COMPITION OF	(P) (1) (P) (D2 14-1 1	10 14/4 0	ALITOURCY
PART 11 OTH	IER SIGNIFICANT CON	IDI HONS C	CONTRIBUTING TO DEAT	H BUT NO	OF RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	K(Ho)	PERF	AUTOPSY ORMEO?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury in	Port I or Por	1 11 of item 18.)				
20c, TIME OF INJUR	Y Month, Day, Ye			Oe. PLAC	OF INJURY (Home, far y, street, affice bldg., e	m. 20f. (City	y or town)		(County)		(State)
Hour o.m.	19	While of wor	Not while	rocro	y, street, diffice blog., e	16.1					
21 L cartify th	at Lattended the	deceas	ed fram 12/29		19_5 9 . to	1/25	1059	that	last o	nu the	decease
alive on	721 ₁	10	r_c				m the causes of				
dive on			, and mar o	iedin d	ccorred drZa		treet, city or town,		me do		ATE SIGNE
ACTUAL	X / Ino	01	112		Unntino		arvland	,			1/25/
SIGNATURE	///			M.I	oourrestra	تلو ۱۹۱۸ ۱۹۷۸	at Atand				1521
PHYSICIAN'S (NAME (Type)	George J	Wee	me								
270 BURIAL, CREMAT O			22c. NAME OF CEMET	ERV OR C		224 10CA	TION (City, Jown, o	or rough		/Ch	(4)
PEMOVAE (Specify)		59	mt k	111.4	and and a	7	2 //		-	(Ste	und.
23. FUNERAL DIRECTOR:	S SIGNATURE	- /-	ADDRESS		24n DE	C'D BY REGIS	TRAR 246 REGI	STRAPS	JGNATU	RE	
Hutch	in funes	al L	tome 10 11	mi	met DATEN	28'59	Orth		craves	***	
14000000	10000	/	1	7	PAPEL DATEL.						

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 10413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. cremotion 1. PLACE OF DEATH 2. USUAL RESIDENCE/Where deceased lived. If institution: Residence before admission a. COUNTY a. STATE b. COUNTY MARYLAND b. CIFT ORTOWN I pulside corporate light, write RURAL c. LENGTH OF STAY IN 1b c. CNY OR TOWN/II outside corporate/limits, write RURAL and give negrest town) 21.22 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS YES NO PO 3. NAME OF 4. DATE Middle First Lost Month DECEASED OF DEATH (Type or print) 9. AGE (In yours 6. COLOR OF RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS Months Days Hours Min WIDOWED IT DIVORCED [100. Ush a OCCUPATION (Gratish of work done to KIND OF BUSINESS OR INDUSTRY during most of working life as in if retired). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN 00 1, 2, may T3. FATHER'S NAME 14. MOTHER'S MAIDENLINAME Bages oge 5 r WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NIOBAAN INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause perpline for (a), (b) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 4 of X **DUE TO** Canditions, if ony, which] gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. 0 PAR II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? 223-64 NO D CERTIF 200. EXTERNAL CAUSE WAS 209 DESCRIBE HOW_INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur o. m. Not while While at work all work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [7] Inquiry [, and find that deoth resulted from: Noturol/couses X Accident . Suicide , Hamicide , Undetermined cause . DIR ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER remayai **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER IS 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) Cirthur S. Thrank DATE JAN 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00414 **CERTIFICATE OF DEATH** 421 Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed b. COUNTY MARYLAND a ō CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN/Iff outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town), days resec-Trecter All merzo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE **OR INSTITUTION** 24 YES NO F 5 NAME OF 4. DATE First Middle Last Month Day Year DECEASED OF DEATH (Type or print) ani 19 3 9. AGE fin years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX & COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys Hours WIDOWED [DIVORCED 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) EOD 12 CITIZEN OF WHAT COUNTRY? sturing most of working life, even if retired) ofter de and 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion ещоме IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 120 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ģ Ē Conditions, if any, which (b) Bued gave rise to immediate **DUE TO** couse (a), slating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port t ar Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, affice bldg., etc.) Haur a m. While Not while al work of work p. m. 21. I cortify that I attended the deceased from, ..that I last saw the deceased detoch and that death occurred at alive on M, fram the causes and an the date stated above. 90 ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE should Q FUNERAL F PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22d LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Ö FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR - 8 Thous V5 A1S (4)

death! Page

death certificate

thot

HOSPITAL

15M 9/SS



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

422

CERTIFICATE OF DEATH

00415 Reg. Dist. No.

4	į,	4	
Or Dr	Scta	Æ.	8
-	þ	E G	-
ath	erol	2	
Ü	inn	P	
200	5	sho	
525	þ	7	
pq g	5	E .	
42	훒	Š	
ŧ	ely	B,	
2	plei	넯	
SC C	EOD	do.	
e ×	Pug	ů.	9
8	ou c	dia.	ž e
GOL	Sici	, ve	2
É	ď	eigo.	2
£	ding	8,	7
dea	hend	pleo	Ę
e P	0	Ga.	<u>.</u>
to to	y th	Ē	e ve
Sa Sa	2	Ē	g
, de	ign	8	5
S CIGIT	en.	onsi	Ē
op 4	å å	Fr.	Ž.
The	₽ 9	Juric	Ē
ANG	icati	hei	ğ
SICE	ertif	50	g,
HA	IIS C	Se	É
o d	er +	ģ	S.
Pos Pos	Aff	Ped :	īg,
TEN be	ö	etoc.	2
		. O	ž č
Ö	ő	PI	Š.
TAL	ME	nous.	בָּרָ בַּרָ
25 %	2	m.	9
H C	3	·bod	2
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL D. After this certificate has been signed by the attending physician and completely filled in by Tuneral director.	page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	
VS /	415	(4)	

PLACE OF DEATH

		· COUNTY Carret MARYLAND O. STATE Marulaus	of b. COUNTY Calver A
		b. CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN Woutside corp RURAL and givenegrest town)	orate limits, write RURAL and give nearest town)
	. ₹	Time tuderick X Bara	low-
,		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR 19/STITUTION d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	-	Carreet county (Tepelal	YES NO 12
	3	3 MAME OF DECEASED (Type or print) Out that Total distance DEATH	Month Day Your Jan. 18, 1959
	5	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B BATE OF BIRTH	9. AGE IN YOUR IF UNDER I YEAR IF UNDER 24 HRS
(\mathbf{I})		F W NIDOWED DIVORCED	los Birthdoy) Months Doys Hours Min
	11	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign during-most of working life, even if relited)	country) 12. CITIZEN OF WHAT COUNTRY?
o		Housewide Home Cabrel to. 1	ul 21.5. q.
of the second se	113	13. PATHER'S NAME Sanah John	Hawae S
hour		15. WAS DECEASED EVER AN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
72	ľ,	no ho ho Samuel I. Lyon	10 - Barolow, md.
ithio		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
*		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	2 (60, 3
2	П	260 X DUE TO 11	
any		Conditions, if ony, which gove rise to immediate DUE TO	2 1 1
. <u>.</u>		tying couse lost. (c) + A A . (1)	
avol, a	2 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
or ren	AEDY1E!	200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port) or Port of USE (IF EITHER, NOTIFY MEDICAL EXAMINER)	rt (I of item 18)
ematian	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work 19 o	ty or lown) (County) (State)
5		21. I certify that I attended the deceased from 2000 1900, to 2000 1900	19 27, that I last saw the deceased
orrio orrio		alive on, 19.2, and that death occurred atM, fra	
5		ACTUAL ACTUAL	Street, city or town, state) DATE SIGNED
riar		SIGNATURE M.D.	
stror		PHYSICIAN'S NAME (Typo)	en e
, Q1	2	220 BURIAL, CREMATION, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCA	ATION (City, town, or county) (Stote)
2	-	Bernel Jan. 20, 1958 Meranda Umiling Hum	tingtown, Cabrello - mod.
4)	1	a. a. Harkness of Con - mutual, Med. 1240. REC'D BY REGIS	STRAN 246. REGISTRAN'S SIGNATURE

TO FUNERAL DI R. After this certificate has been signed by the ottending physician and campletely filled in thy the merial director?

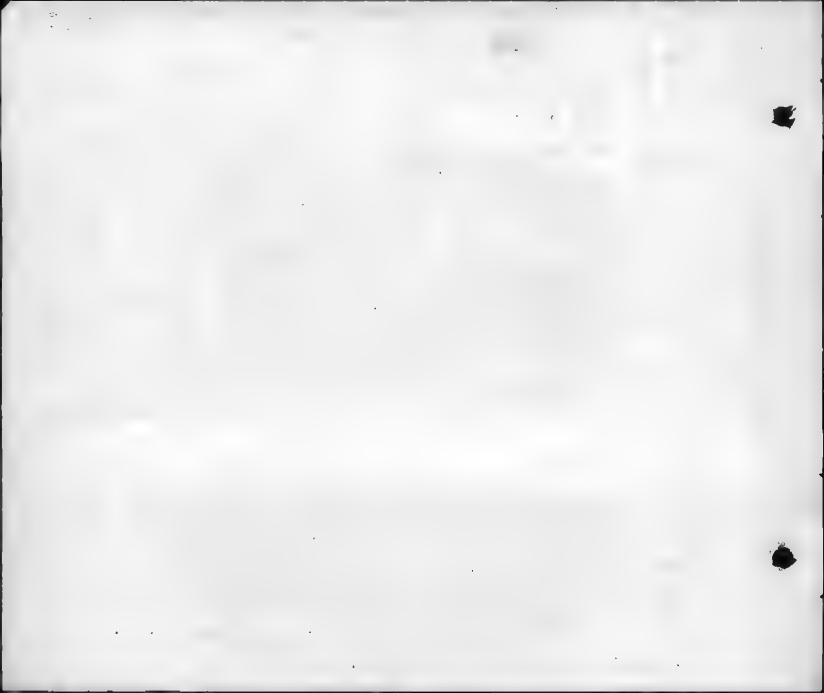
TO FUNERAL DI R. After this certificate has been signed by the ottending physician and campletely filled in thy the merial process. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS-415 (4) 15MAD/S7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Rea Dist No.

760	Keg. Uist. No.				
1. PLACE OF DEATH G. COUNTY Calacit MARYLAN	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)				
d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS				
OR INSTITUTION CELIE IT Kierseny Horis	d STREET ADDRESS 6 2.63 Tetatel Rel e. IS RES DENCE ON A FARM? YES □ NO □				
3. NAME OF DECEASED (Type or prior) / NE Z MARTE	MORTON DEATH / Month Day Year OF DEATH / 10 1959				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Solution So				
19a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY US A				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
unknown	- Cruknown				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (If yes, give wer or dates of service)	INFORMANT "Address				
no hone	Calvert Nursing Home Prince Frederick Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND BEATH				
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) EREFICAL	EMORRINGE ydays				
DUE TO					
Conditions, if any, which gave rise to immediate (b)	Y SI/NY ?				
cause (a), storing the under:					
, (c)	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ([0] 19 WAS AUTOPSY				
3 alfreles (+ 1/2	PERFORMED? YES \(\text{NO } \tex				
	RED. (Enter nature of injury in Parl 1 or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour q, m. 19 While at work at work	PLACE OF INJURY (Home, farm, foctory, street, affice bldg , etc.) (City or town) (County) (State)				
21. I certify that I attended the deceased from MILLACU	18, 1958, to 40-110, 1954, that I last saw the decease				
alive an Kell, 1957, and that dec	th accurred at TAM, from the causes and an the date stated above				
ACTUAL!	ADORESS (Street, city or lown, state) DATE SIGNE				
SIGNATURE	-MO Schull Fulliand 1/16)				
PHYSICIAN'S MAME (Type) MACE C. SETT	/BINGE FROM DIER				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(4.4.4)				
remation 1/12/59 fort Lincol	n Crematory Colmar Manor, Md.				
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
F. Gasch's Sons Hyattsville Mary	land. DATE JAN 1 4 59 Cuilling & tunes				



TO FUNERAL DIRE
page 3 should be a

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

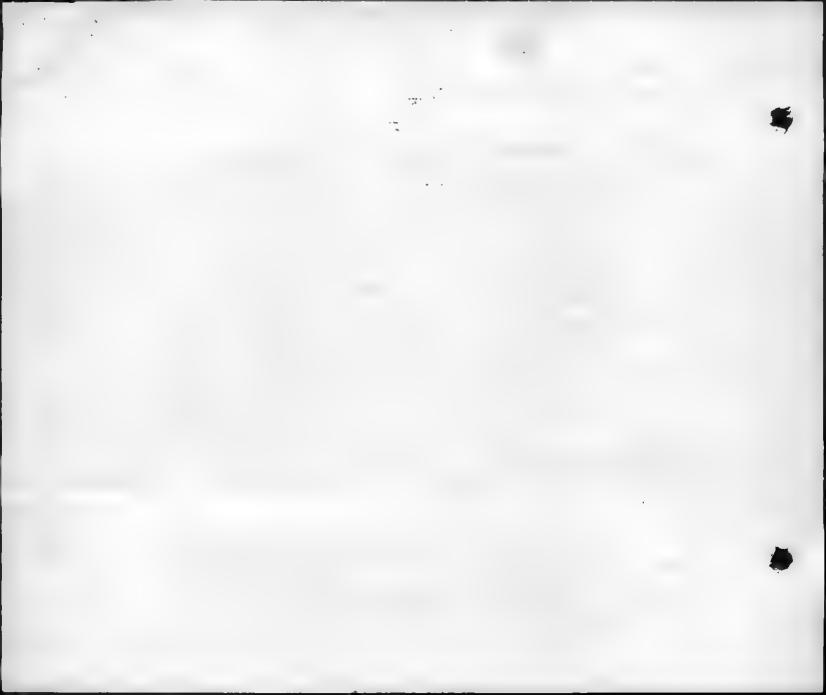
00417

424

CERTIFICATE OF DEATH

Reg. Dist. No.

		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission b, COUNTY b, COUNTY					
		Calvari	MARYLAND	maryland B.A.Cu					
	5	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR N	OWN (If outsi	ide corporate li	mils, write RURAL or	id give neares	1 fown)
	N	Einer & Linglick	3 days	holhi	a ú			,	
		A BLANC OF MOCREAL HE and in bounded when a	oddress)	d. STREET AC				e. (S RESIDENCE
		OR INSTITUTION							ON A FARM?
	3.	NAME OF First	Middle	Lost	IA.	DATE	44		
		OFCEASED (Type or print) The desiret		Crush.	1	OF DEATH	Month /	1 5	195°
	5. 9	EX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH		9 AC			UNDER 24 HRS
		ma'c white widows	D DIVORCED	18-15-	1871		77 yrs.	s Days H	ours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLA	CE (State or I	foreign country)	12.	CITIZEN OF Y	WHAT COUNTRY
		R	stic's	mas	Sande		{	A. 2.1	
1	13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAV	(E		7. 2. 11.	
Ж	- 1	William B Zopiner		5.11	a	. h.			
/			SOCIAL SECURITY NO. 17. II	NFORMANT	A 12/61	r Hot	Address		
		no, or unknown] (If yes, give war or dates of service)				1	Mooress	0	
				inic U. Se	KILLEN	er ne	Whinh h	nd.	
		IB. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]						AL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) INCLUDED ONSET AND DEATH							
		3 - 3 X DUE TO DA O O O O							
	-	Conditions, it only, which) (b) Cler, arter & derblic (Tlephioscleroses							
		gove rise to immediate	2	3 000		7	TOO OF E		
		couse (o), stating the under DUE TO	-elloles	111/11	Udi	_			
	Z.	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT PELATED TO	THE TEDMINIA	I DICEASE CON	IDITION CIVEN IN R	A DT 1/a 10 1	MAC ALITOPOY
	5	The state of the s	DITTING TO DEATH BOT	NOT KEENIED TO	THE PERMIT	L DISEASE CON	IDITION OFFEN IN F	P	PERFORMED?
	5	20a ACCIDENT WAS UNDERLYING ☐ 20b DESC	TOTAL CONTRACTOR OF CONTRACTOR	2.45			1. 50.1	YE	5 NO D
	CERTIFICATION	OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRED	D (thier noture of	injury in Port	I or Fort II of	item 15.)		
	- 1					***			
	MEDICAL	Hour a.m. While	Not white 20e. PLA	ACE OF INJURY (H story, street, office	ome, form, i i bldg., etc.) !	20f. (City or to	wn)	(County)	(Stole)
	×	p. m. 19 of work	ot work						
		21. I certify that I attended the decease	ed from 1/6-	19.57	la/	13	1952 that	Llast saw	the deceased
-		alive on 1/12 19 4	Jun, and that death	occurred at	A	_	causes and an		
-		7 7	7 /	-			incortown, stole)	me dule	DATE SIGNED
		ACTUAL SIGNATURE	381	+	K IN	11 1- 7	TRESON.	Orne	
/		SIGNATURE		M.D	1-1-1-1-1	Subaranda	1000	- Calle	
		PHYSICIAN'S PAGE	SETT.		Lein	ee	Frestin	1166	
		BURIAL CREMAT ON, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	220	d LOCATION (Cily Jawn, or county	r)	(Stole)
	N.	REMOVAL (Specify) Jan 157457	14 Henris			Trany			Lux
	23	FUNERAL DIRECTOR'S'SIGNATURE	ADDRESS		24g. REC'D 9	Y REGISTRAR	246 REGISTRAR'S	SIGNATURE	
		Deced Taldery			DATE LAN	16'59	7 f 10 m	P "	
ŀ					VAIL			,	



00418

425

CERTIFICATE OF DEATH

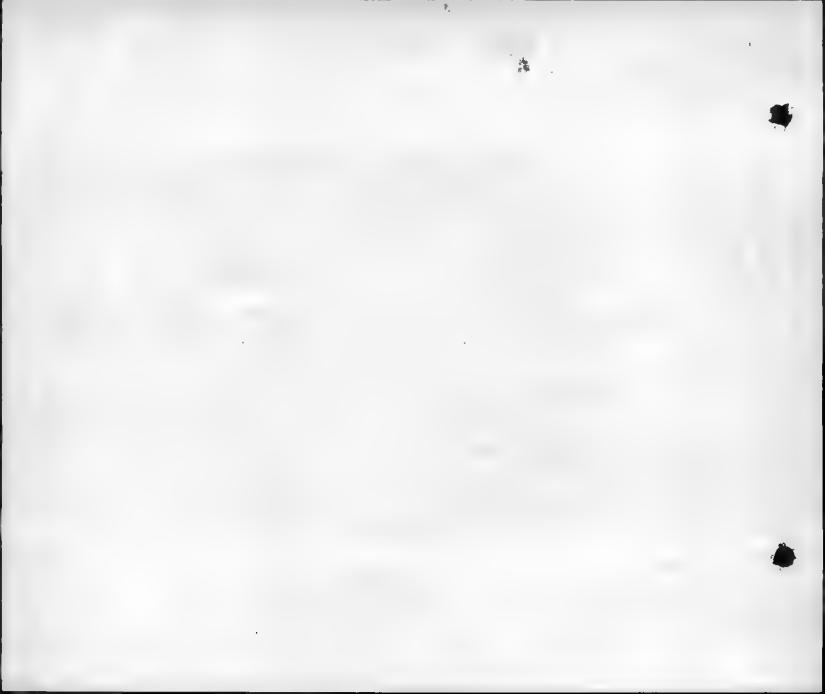
Rea. Dist. No.

	1. PLACE OF DEATH a COUNTY	MARYLAND	II o STATE SQL	deceased lived If institution Resultant b. COUNTY	dence before admission)
	CITY OR TOWN (if outside corporate limits, RURAL and givengares toys)	write c. LENGTH OF STAY IN 18	CITY OR TOWN OF Ours	de corporote limits, write RURAL or	ad give nearest fown)
4	d NAME OF HOSPITAL (If not in hospital, give OP INSTITUTION (/d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO Z
	3 NAME OF DECEASED (Type or print)	Relecca	Staffeel "	DATE Month OF DEATH	Day Year 24 1959
		WIDOWED DIVORCED	1 8 DATE DY PIRTH	Say Sanday) Month	
)	10a USUAL OCCUPATION (Give kind of work do during most of working life even if retired) 13 FAUTER'S NAME	ne 106 KIND OF BUSINESS OR INC	Calret	o., med 5	CITIZEN OF WHAT COLNTRY
ř	Organita Tue	ker)	14 MOTHER'S MAIDEN NAN	White Address	
	(Yes, no ar uning in) (If yes, give yor or dotes of serv	320 7	rank Staff	ref-Basston	- Tred
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)_	e per line for (o), (b), and (c).	relieu Per	unay Them (or	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate (b).	In Cletano	obstinct.	m.	
	couse (a), stoting the under- lying couse lost. (c)_	3 Evenle	1 2	chron	
	PART II. OTHER SIGNIFICANT CONDI				ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	UF EITHER, NOTIFY MEDICAL EXAMINER)	DE DESCRIBE HOW INJURY OCCUR			
	20c. TIME OF INJURY Month, Doy, Year Hour e.m., 19	20d INJURY OCCURRED 20e. While Not while at work 0 of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the d	55/	2-1, 19 3, to 15 11 In occurred of 7 37 1	W, from the causes and on	I lost sow the deceased the date stated above
	ACTUAL SIGNATURE	Perul?	M.D. SAM	DRESS (Street, city or town, stole)	DATE SIGNED
1	PHYSICIAN'S Rd & C	-trecpr7	(H)(+ heoward	. /
	220. BURIAL, CREMATION, REMOVAL (Specify) 301. 37, 19	59 ashered Co	metery for	Bantser - Calm	Ale - med.
	0.9. Transcress to	low - mutica	DAVEN 2		SIGNATURE

AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the proof of process 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

6



V5 A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00419

	440	Reg. Dist. No.				
	PLACE OF DEATH COLVEYT CO, MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY				
	b CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION (I V P V T) U Y S I MCI K C Y R	d STREET ADDRESS e IS RESIDENCE ON A FARM?				
	3 NAME OF First Middle	Lasi 4. DATE Manth Day Year				
	(Type or print)	LURIVER DEATH Jan. 15 1959				
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED A WIDOWED DIVORCED	8. DATE OF BIRTH Feb 1 876 9. AGE (In years IFUNDER I YEAR IF UNDER 24 HRS 10st birthday) Months Doys Hours Min				
-	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDIduring mast at working life, even if retired)	USTRY 11. 81RTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR				
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
	HENVY A. TUVNEY	Marinerite 2.				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (14 yes, no. of unknown) (11 yes, give wor or dates of service)	Tonn T. Niwdo, Bryantown, Md.				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	Interval Between ONSET AND DEATH				
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	Caller 3 minus				
	420.1 DUE TO					
	Conditions, if ony, which gove rise to immediate DUE TO					
	cause (a), stating the <u>under-</u> lying cause lost.					
		FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO				
		ED. (Enter nature of injury in Part II or Part II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e P. Hour o.m. 19 of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)				
	21. I certify that I attended the deceased from Hea	19. 1958. to Jan 15, 1959, that I last saw the decease				
	alive on 10 11 1924, and that death	h accurred at LOGO M, from the causes and an the date stated above				
	ACTUAL SIGNATURE JOHN JOHN	M.D ADDRESS (Street, city or Igym, stote) DAPE SIGNI				
/	PHYSICIAN'S PAGE C. JETT	PRINCE TREDITIES				
	220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY CO. SEMOVAL (Specify) Tarvasmy 1817.7	OR CREMATORY 22d AGCATION (City, town, or county) (State)				
	23 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	24a. REGISTRAR 24M/REGISTRAR'S SIGNATURE				
	FILLING FUNGYAL Homos Walds	254 /VIci DATE				



CERTIFICATE OF DEATH

Reg. Dist. No.

00420

1 441			Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where decease a STATE	ed lived. If institution Residence b. COUNTY 7	p before admission)
Larry OR TOWN We and a server line to write	- IENIOTH OF CTAN IN Th	CITY OF TOWN IN	als	up
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write KUKAL and gi	ve negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street of	nddress1	Ad. STREET ADDRESS		e, IS RESIDENCE
Carret County nurses	ig Thrme_		-	YES NO
3. NAME OF DECEASED (Type or print)	Middle 7/	Lost 4. DAYE OF DEATH	Month Jan.	Day Year 17, 19,579
11 tours	IED NEVER MARRIED	B. DATE OF BIRTH	John.	YEAR IE UNDER 24 HRS
M W WIDOWE		May 27 1884		Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	THO OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign	country) 12 CITI	ZEN OF WHAT COUNTR
Wester 10	enlas mous	etal. or oa		Silli
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17	NFORMANT ()	Address	
(i'es, not setuntnown) (if yes, are wor or datas of service)	no or	no Franke Gat	Tow- Pass de	na Med
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Makle Nich	laccel a beton.	one Muchan	3-60
45/X DUE TO			/	727
Conditions, if any, which)	Estiente.	111	1 2 11	16 1:
gave rise to immediate	11	- Comment of the comm	*	
Luian route lest				
PANT R OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL DICEA	SE CONDITION CIVEN IN BART	Hol 19 WAS AUTOPSY
O FAMILIA OTHER SIGNIFICANT CONDITIONS C	ONTRIBOTING TO DEATH BUT	NOT RECITED TO THE PERMINAL DISEA	SE CONDITION GIVEN IN PART	PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Pa	ort II of item 18)	
	NJURY OCCURRED 200 PL	ACE OF INJURY (Home, form, 20f (Ci	ly or towal	ounty) (Slote
Hour a.m. While	Not while fa	ctary, street, office bldg., etc.)	iy ai iawiij (Ci	Juniti (Stole)
p. m. 19 of weri	k at work			
21. I certify that I attended the decease	ed fram 1524 23	, 19 <i>5 f</i> , to	, 19,that I id	ast saw the decease
olive on Secrete 19 5	and that death	accurred atM, fra	im the causes and an th	e date stated abov
/ . 5)		ADDRESS (Street, city or lown, state)	DATE SIGN
ACTUAL SIGNATURE	e de	MO TT TES	.)	1
115 -	4-	()		
PHYSICIAN'S NAME (Type)	1 , -		,	
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C	R-CREMATORY 22d LOC	ATION (City, town, ar county)	(State)
REMOVAL (Specify) Part 19, 1959	Island The	1 men P. l. 910.	1) Russie	me I
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGIS	STRAR 245. REGISTRAR'S SIG	NATURE
a. a. Trackness & Cow	- mutual	4	59 2	Matte

death! Page 4 with hospital ar ottending physician.

OR: After this certificate has been signed by the attending physicion and completely filled in by, uneral director, detached for use as the burial-transit permit. The≡ please remove carbon papers. Lages 1 and 2 should be filed with to burial, cremation, ar removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR A may be relained by TO FUNERAL DH page 3 should land the registror prior is VS A15 (4) 15M 9/55



DEPUT

00422 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation Reg. Dist. No. 2. USUAL RESIDENCE DVhere degened lived. If institution, Residence before oddission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND b. CLPY OR TOWN (If outside corporate limits, write BURAL necessary, c. LENGTH OF STAY IN 16 c. CITY-OBTOWN Woulside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? registrar prior direct . 95 YES NO NAME OF 4. DATE Lost Month Year DECEASED OF (Type or print) DEATH ŏ 5. SEX 6. COLOR OR RACE 7. MARRIED NEVE MARRIED 8. DATE OF SIRTH AGE, (In years IF UNDER TYEAR IF UNDER 24 HRS the retained for Months Days Hours Min. WIDOWED [7] LOIVORCED 2 yrs. 3 to 10a. USCAL OCCUPATION (Give kind at work done 10b. KIND OF BUSINESS OR INDUSTRY duling man of working the reversity etired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond 24 hours ofter of Pages 1, 2, and and q 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MOY Pages 1, in -B60 15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address 7 File Give 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c). }-INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 8 burial-transit DUE TO Canditions, if any, which gave rise to immediate cause long DUE TO (a), stating the underlying 0 cause last ffice PART II. OTHER AGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPS 00 CERTIFICATION PERFORMED? NO T YES | Lun 20d. EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. **EXAMINER: This** Exam writing the word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) 0 m While Not while C at work at work D. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection . Inquiry , and find that death resulted from: Natural causes Accident Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER certifi SIGNATURE 00 FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 22g BURIALI CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Vu a 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18